PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 JAN 2 2 2007 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIONS of form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate the correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 21710 7590 10/19/2006 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. BROWN, RUDNICK, BERLACK & ISRAELS, LLP. BOX IP, 18TH FLOOR ONE FINANCIAL CENTER BOSTON, MA 02111 (Depositor's name) A. Hiello Michelle 01/22/2007 HDEMESS2 00000022 500369 10518121 (Signature) 1400.00 DA 01 FC:1501 (Date) 02 FC:1504 300.00 DA 200 03 FC+8001 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/518.121 12/15/2004 25619/104 3255 Pascal Amary TITLE OF INVENTION: ACHROMATIC SPECTROSCOPIE ELLIPSOMETER WITH HIGH SPATIAL RESOLUTION APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$0 \$1700 01/19/2007 **EXAMINER** ART UNIT **CLASS-SUBCLASS** NGUYEN, TU T 2877 356-369000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list I ANTHONY H. HANDAL, ESQ. (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, **BROWN RUDNICK** (2) the name of a single firm (having as a member a 2 BERLACK ISRAELS LLP registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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Applicant(s): Ama	ry et al.				11	
Application No.	Filing Date	Examiner	****	Customer No.	Group Art Unit	Confirmation No
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Attorney for Appli	cant(s)	,	•			
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